



# Coverage Options

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 genworth.com  
 Register / log-in to view and select coverage choices online

 Genworth Life  
 PO Box 40005  
 Lynchburg, VA 24506

 Customer service:  
 800 883.1127  
 M-Th: 8:30 - 6PM ET  
 F: 9 - 6PM ET  
 Fax: 800 876.8220

## The median monthly cost of care provided in your area:

 In Home Care \$6,101.00 (Based on 44 hours/week)  
 Assisted Living \$8,075.00  
 Nursing Home \$10,190.00

Genworth 2021 Cost of Care Study

Policyholder:

Kathryn C Dimiduk

Date:

04/01/22

Policy number:

AAA5187270

Premium before increase:

\$572.62 quarterly

Your options:	1. Keep current coverage	2. Elect Stable Premium option		3. Review & Adjust your coverage	
	If you are comfortable with your current level of coverage, pay the increased premium when you receive your next bill. If we don't hear from you by 06/07/22, the first phase of this 153.214% rate increase will take effect.	If you would like to change your benefits to <b>guarantee no additional premium increases until at least 2024</b> , you may select one of the alternatives below. A detailed description of this option can be found in the enclosed sample endorsement.		If you are comfortable reducing your benefits, the alternatives below are designed to provide different levels of cost and coverage as you evaluate your current needs.	
		<b>Stable Premium A</b>	<b>Stable Premium B</b>	<b>Alternative C</b>	<b>Alternative D</b>
Monthly maximum benefit	\$8,731.52	\$8,732.18	\$8,732.18	\$7,144.57	\$5,923.88
Benefit Period	4 years	3 years	3 years	4 years	4 years
Remaining lifetime benefit	\$419,112.96	\$314,358.48	\$314,358.48	\$342,939.36	\$284,346.24
Inflation protection	Compound 5%	Compound 1%	Compound 1%	Compound 5%	Compound 1%
Elimination Period (Days before benefits begin)	180 days Facility/ 0 days Home Care	180 days Facility/ 90 days Home Care	90 days Facility/ 0 days Home Care	180 days Facility/ 0 days Home Care	180 days Facility/ 0 days Home Care
Coinurance	None	None	10%	None	None
Quarterly premium 06/07/22	\$780.52	\$931.13	\$931.13	\$638.66	\$497.04
Quarterly premium 06/07/23	\$1,063.82	\$931.13	\$931.13	\$870.47	\$677.51
Quarterly premium 06/07/24	\$1,449.97	<input type="checkbox"/> \$931.13	<input type="checkbox"/> \$931.13	<input checked="" type="checkbox"/> \$1,186.44	<input type="checkbox"/> \$923.41
4. Pay nothing more	If you would like to stop paying premiums on your policy, you can choose the option at right. Please read the detailed description of the option in the enclosed endorsement and <i>Important Information Regarding This Premium Increase</i> . <b>IMPORTANT: Selecting this option would greatly reduce the total amount of benefits available to pay for care.</b>			<b>\$32,988.20</b> Paid up policy benefit <input type="checkbox"/> Contingent Non-Forfeiture	

You may have other ways to reduce your benefits than those shown; contact the Customer Service team for additional quotes. More information on your options can be found in the enclosed endorsement and *Important Information Regarding This Premium Increase*. Please read all documents before making a decision. The options shown here are quotes and may change.

**\*\*Please see the reverse of this form for further instructions if you wish to change your coverage.\*\***

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Date: 04/01/22

Policyholder: Kathryn C Dimiduk

Policy number: AAA5187270

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**You do not need to return this form if you are keeping your current coverage.** If changing your coverage to one of the options shown, please check the blue box to indicate your choice, then sign and return this form by fax or mail in the enclosed envelope or elect online by: **06/07/22.**

**Genworth recommends that you consult with your trusted advisors before making this selection. By signing, you acknowledge your intent to reduce your benefits available to pay for future care.**

Policyholder Signature

Date

► Kathryn Dimiduk

June 1, 2022

By signing, you represent and agree that (1) we are authorized to process the requested change to your policy, (2) the change will not be effective until reflected in a policy amendment we send to you, (3) the benefits and premiums quoted are subject to confirmation and may change, (4) you have read and understand the information on this form and the enclosed documents, including the *Important Information Regarding This Premium Increase*, and (5) you have either consulted your trusted advisor or made an informed decision not to do so.